K001964

510(k) Summary

Submitted by:

Daniel J. Manelli

Farkas & Manelli, P.L.L.C.

2000 M Street, NW (Suite 700)

Washington, DC 20036

On behalf of Lobob Laboratories, Inc.

510(k) Submission: Optimum Cleaning, Disinfecting and

Storage Solution

July 5, 2000

Optimum Cleaning, Disinfecting and Storage Solution by Lobob is intended for use with fluorosilicone acrylate and silicone acrylate rigid gas permeable (RGP) and hard contact lenses. The product is a sterile solution containing lauryl sulfate salt of imidazoline, octylphenoxy polyethoxyethanol, and preserved with benzyl alcohol (0.3%) and disodium edetate (0.5%).

The product is substantially equivalent to the currently formulated Lobob Optimum™ Cleaning, Disinfecting and Storage Solution (P940026) and to de Stat® 4, manufactured by Sherman Pharmaceuticals, Inc. (P870023).



JUL 1 8 2000

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

Lobob Laboratories, Inc. c/o Daniel J. Manelli Farkas & Manelli, P.L.L.C. 2000 M Street, NW Washington, DC 20036

Re: K001964

Trade Name: Optimum Cleaning, Disinfecting and Storage Solution

Regulatory Class: II Product Code: 86 MRC Dated: June 27, 2000 Received: June 27, 2000

Dear Mr. Manelli:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the current Good Manufacturing Practice requirements, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic (QS) inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

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This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-6413. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "http://www.fda.gov/cdrh/dsma/dsmamain.html".

Sincerely yours,

Mancy C. Brogdon Nancy C. Brogdon

Acting Director

Division of Ophthalmic and Ear,

Nose and Throat Devices Office of Device Evaluation

Center for Devices and

Radiological Health

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510(k) Number (if	known):	964	·		
Device Name:	Lobob Optimum Cl	<u>leaning, Disi</u>	nfecting and S	Storage So	lution
Indications For Us	e:				
To clean, di acrylate rigi	isinfect and store fluid gas permeable (R0	uorosilicone GP) and hard	acrylate and s d contact lense	ilicone es	
(Please Do No	t Write Below This	Line - Contir	nue On Anothe	er Page If I	Veeded)
Con	currence of CDRH,	Office of De	evice evaluatio	n (ODE)	
I	(Division Sign-Off) Division of Ophthalmic Dev 510(k) Number <u>K001</u>	rices 964	-		
			-		
Prescription Use (Per 21 CFR 801	.109)	OR	Over-The-Cou	ınter Use_	